

WASHINGTON STATE  
**DUI ARREST REPORT**  
**REPORT OF BREATH / BLOOD TEST FOR ALCOHOL OR**  
**REFUSAL TO SUBMIT TO BREATH / BLOOD TEST FOR ALCOHOL AND DRUGS**

SUBJECT'S NAME (LAST, FIRST, MI)		SEX <input type="checkbox"/> M <input type="checkbox"/> F	DATE OF BIRTH	DATE / TIME OF ARREST
STREET ADDRESS		CITY / STATE / ZIP CODE		
DRIVER'S LICENSE NUMBER	STATE	COUNTY OF ARREST	CASE / CITATION NUMBER	

**Type of Test:** ☐ Breath ☐ Blood

**BAC Readings:** 1<sup>st</sup> Sample \_\_\_\_\_ 2<sup>nd</sup> Sample \_\_\_\_\_ **Refused Test** \_\_\_\_\_

The subject was lawfully arrested. At that time, there were reasonable grounds to believe that the arrested person had been driving or was in actual physical control of a motor vehicle within this state while under the influence of intoxicating liquor or drugs, or both, or was under the age of twenty-one years and had been driving or was in actual physical control of a motor vehicle while having an alcohol concentration in violation of RCW 46.61.503.

After receipt of the warnings required by subsection (2) of RCW 46.20.308, a test was administered and the results indicated that the alcohol concentration of the person's breath or blood was 0.08 or more if the person is age twenty-one or over, or was in violation of RCW 46.61.502, 46.61.503, or 46.61.504 if the person is under the age of twenty-one. OR

After receipt of the warnings required by subsection (2) of RCW 46.20.308, the person refused to submit to a test of his/her blood or breath.

☐ Driver's Hearing Request Information was given to the subject. ☐ Valid Washington driver's license/permit punched.

**Notice of Right to Hearing:** I have been given written notice of my right to a hearing including the steps required to obtain a hearing, and understand that the notice of suspension, revocation, or denial of license will be mailed to the address furnished on the above portion of this document. I acknowledge that the address indicated is my current address.

\_\_\_\_\_  
SIGNATURE OF DRIVER

\_\_\_\_\_  
DATE

**Complete this box ONLY if the arrested person was driving a commercial motor vehicle as defined in Chapter 46.25 RCW at the time of the incident.**

☐ Operating a Vehicle Requiring a Commercial Driver's License **BAC Readings** 1<sup>st</sup> Reading \_\_\_\_\_ 2<sup>nd</sup> Reading \_\_\_\_\_ **Refused Test** \_\_\_\_\_

There was probable cause to believe that the arrested person was driving or was in actual physical control of a vehicle requiring a commercial driver's license within this state while having alcohol/drugs in his/her system and that a test of his/her breath and/or blood disclosed an alcohol concentration of 0.04 or more. *Chapter 46.25 RCW* OR

There was probable cause to believe that the arrested person was driving or was in actual physical control of a vehicle requiring a commercial driver's license within this state while having alcohol/drugs in his/her system. The arrested person was requested to take a breath/blood test and informed of the consequences of refusal and his/her rights under Chapter 46.25 RCW. The arrested person then refused to submit to the requested test.

VEH YEAR	MAKE	MODEL	LICENSE PLATE NUMBER	STATE	HAZARDOUS MATERIAL? <input type="checkbox"/> YES <input type="checkbox"/> NO
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**I certify (or declare) under penalty of perjury under the laws of the state of Washington that the foregoing and the accompanying reports/copies of documents and the information contained therein are true, correct, and accurate. (RCW 9A.72.085.)**

\_\_\_\_\_  
LAW ENFORCEMENT AGENCY

\_\_\_\_\_  
ORI NO. (9 digits)

\_\_\_\_\_  
OFFICER'S SIGNATURE

\_\_\_\_\_  
DATE SIGNED

\_\_\_\_\_  
MAILING ADDRESS

\_\_\_\_\_  
PRINTED NAME OF OFFICER

\_\_\_\_\_  
BADGE NUMBER

\_\_\_\_\_  
CITY

\_\_\_\_\_  
STATE

\_\_\_\_\_  
ZIP

\_\_\_\_\_  
PLACE SIGNED (city / county / state)

\_\_\_\_\_  
CONTACT PHONE NUMBER FOR HEARING  
(include area code)

**OFFICERS:** Fax or mail completed report, breath test document, and supplemental reports to:

Department of Licensing  
Driver Responsibility  
PO Box 9030  
Olympia, WA 98507-9030  
Fax: (360) 570-7026

**Number of pages faxed** \_\_\_\_\_

**USE THIS PAGE AS COVER SHEET**

## CASE / CITATION NUMBER

## CONSTITUTIONAL RIGHTS

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WASHINGTON STATE  
DUI ARREST REPORT

CASE / CITATION NUMBER

IMPLIED CONSENT WARNING FOR BREATH

WARNING! YOU ARE UNDER ARREST FOR:  
(check appropriate box(es))

- ☐ RCW 46.61.502 OR RCW 46.61.504: Driving or being in actual physical control of a motor vehicle while under the influence of intoxicating liquor and/or drugs.
- ☐ RCW 46.61.503: Being under 21 years of age and driving or being in actual physical control of a motor vehicle after consuming alcohol.
- ☐ RCW 46.25.110: Driving a commercial motor vehicle while having alcohol in your system.

FURTHER, YOU ARE NOW BEING ASKED TO SUBMIT TO A TEST OF YOUR BREATH WHICH CONSISTS OF TWO SEPARATE SAMPLES OF YOUR BREATH, TAKEN INDEPENDENTLY, TO DETERMINE ALCOHOL CONCENTRATION. YOU ARE NOW ADVISED THAT YOU HAVE THE RIGHT TO REFUSE THIS BREATH TEST; AND THAT IF YOU REFUSE: (A) YOUR DRIVER'S LICENSE, PERMIT, OR PRIVILEGE TO DRIVE WILL BE REVOKED OR DENIED BY THE DEPARTMENT OF LICENSING FOR AT LEAST ONE YEAR; AND (B) YOUR REFUSAL TO SUBMIT TO THIS TEST MAY BE USED IN A CRIMINAL TRIAL.

YOU ARE FURTHER ADVISED THAT IF YOU SUBMIT TO THIS BREATH TEST, AND THE TEST IS ADMINISTERED, YOUR DRIVER'S LICENSE, PERMIT, OR PRIVILEGE TO DRIVE WILL BE SUSPENDED, REVOKED, OR DENIED BY THE DEPARTMENT OF LICENSING FOR AT LEAST NINETY DAYS: (A) IF YOU ARE AGE TWENTY-ONE OR OVER AND THE TEST INDICATES THE ALCOHOL CONCENTRATION OF YOUR BREATH IS 0.08 OR MORE; OR (B) IF YOU ARE UNDER AGE TWENTY-ONE AND THE TEST INDICATES THE ALCOHOL CONCENTRATION OF YOUR BREATH IS 0.02 OR MORE; OR (C) IF YOU ARE UNDER AGE TWENTY-ONE AND YOU ARE IN VIOLATION OF RCW 46.61.502, DRIVING UNDER THE INFLUENCE, OR RCW 46.61.504, PHYSICAL CONTROL OF VEHICLE UNDER THE INFLUENCE.

YOU HAVE THE RIGHT TO ADDITIONAL TESTS ADMINISTERED BY ANY QUALIFIED PERSON OF YOUR OWN CHOOSING.

**FOR COMMERCIAL DRIVERS ONLY:** IF YOU EITHER (A) REFUSE THIS TEST OR (B) SUBMIT TO THIS TEST AND THE TEST INDICATES AN ALCOHOL CONCENTRATION OF 0.04 OR MORE, YOU WILL BE DISQUALIFIED BY THE DEPARTMENT OF LICENSING FROM DRIVING A COMMERCIAL MOTOR VEHICLE.

I HAVE READ THE ABOVE STATEMENT TO THE SUBJECT

I HAVE READ OR HAVE HAD READ TO ME THE ABOVE STATEMENT(S).

\_\_\_\_\_  
OFFICER'S SIGNATURE

\_\_\_\_\_  
SUBJECT'S SIGNATURE

\_\_\_\_\_  
DATE / TIME

\_\_\_\_\_  
LOCATION

WILL YOU NOW SUBMIT TO A BREATH TEST?

☐ YES ☐ NO

Did subject express any confusion regarding the implied consent warnings? **If yes, explain below.**

☐ YES ☐ NO

DO YOU HAVE ANY FOREIGN SUBSTANCE IN YOUR MOUTH? <input type="checkbox"/> YES <input type="checkbox"/> NO	MOUTH CHECKED? TIME? <input type="checkbox"/> YES <input type="checkbox"/> NO	2 <sup>ND</sup> MOUTH CHECK? (If Necessary) TIME? <input type="checkbox"/> YES <input type="checkbox"/> NO	ANY FOREIGN SUBSTANCES FOUND? <input type="checkbox"/> YES <input type="checkbox"/> NO REMOVED <input type="checkbox"/> YES <input type="checkbox"/> NO	EXPLAIN:
PBT READING	PBT TIME	<input type="checkbox"/> I was certified to operate the BAC DATAMASTER / PBT and possessed a valid permit issued by the State Toxicologist for this purpose on the date of this test.		
<input type="checkbox"/> I performed the PBT test in accordance with the State Toxicologist's protocols (Chapter 448-15 WAC)				
<input type="checkbox"/> I observed the subject during the entire observation period.				
<input type="checkbox"/> During that time, the subject did not vomit, eat, drink, smoke, or place any foreign substance in his/her mouth.				
<input type="checkbox"/> BOOKED      RELEASED TO: <input type="checkbox"/> PR'D				

WASHINGTON STATE  
**DUI ARREST REPORT**  
**DUI INTERVIEW**

CASE / CITATION NUMBER

1. DO YOU HAVE ANY PHYSICAL IMPAIRMENTS? EXPLAIN: <input type="checkbox"/> YES <input type="checkbox"/> NO		13. ANYTHING MECHANICALLY WRONG WITH THE VEHICLE? <input type="checkbox"/> YES <input type="checkbox"/> NO	
2. DO YOU LIMP? <input type="checkbox"/> YES <input type="checkbox"/> NO		14. HAVE YOU BEEN INJURED OR INVOLVED IN ANY COLLISION(S) IN THE PAST 24 HOURS? <input type="checkbox"/> YES <input type="checkbox"/> NO	
3. ARE YOU SICK / INJURED? EXPLAIN: <input type="checkbox"/> YES <input type="checkbox"/> NO		15. HAVE YOU HAD ANY ALCOHOL TO DRINK SINCE BEING STOPPED / THE COLLISION? <input type="checkbox"/> YES <input type="checkbox"/> NO	
4. UNDER CARE OF A DOCTOR OR DENTIST? <input type="checkbox"/> YES <input type="checkbox"/> NO		15A. WHAT?	15B. HOW MUCH?
5. ARE YOU DIABETIC / EPILEPTIC?  <input type="checkbox"/> YES <input type="checkbox"/> NO		16. TIME COLLISION OCCURRED?	
6. DO YOU TAKE INSULIN?  <input type="checkbox"/> YES <input type="checkbox"/> NO	7. HAVE YOU TAKEN ANY MEDICINES/DRUGS IN THE PAST 24 HOURS? <input type="checkbox"/> YES <input type="checkbox"/> NO	17. WHERE WERE YOU GOING BEFORE STOPPED / THE COLLISION?	
7A. PRESCRIPTION?  <input type="checkbox"/> YES <input type="checkbox"/> NO		18. WITHOUT LOOKING, WHAT TIME DO YOU THINK IT IS? (ACTUAL TIME)	
7B. NON-PRESCRIPTION?  <input type="checkbox"/> YES <input type="checkbox"/> NO		19. WHAT STREET / HIGHWAY WERE YOU ON?	
7C. LAST DOSE?		20. DIRECTION OF TRAVEL?	
7D. QUANTITY?		21. STARTED FROM?	
7E. COCAINE? <input type="checkbox"/> YES <input type="checkbox"/> NO		22. TIME STARTED?	
MARIJUANA? <input type="checkbox"/> YES <input type="checkbox"/> NO		23. DAY OF THE WEEK? <input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun	
OTHER?		24. WHAT CITY / COUNTY ARE YOU IN NOW?	
8. DO YOU HAVE IMPAIRED VISION?  <input type="checkbox"/> YES <input type="checkbox"/> NO		25. WHAT IS THE DATE?	
8A. DO YOU WEAR CORRECTIVE LENSES? <input type="checkbox"/> YES <input type="checkbox"/> NO		26. HAVE YOU BEEN DRINKING ALCOHOLIC BEVERAGES? <input type="checkbox"/> YES <input type="checkbox"/> NO	
8B. WERE YOU WEARING THEM WHEN YOU WERE STOPPED / BEFORE COLLISION? <input type="checkbox"/> YES <input type="checkbox"/> NO		26A. WHAT HAVE YOU BEEN DRINKING?	
9. WHERE DO YOU WORK?	26B. HOW MUCH?	26C. WHEN DID YOU START?	
9A. DID YOU WORK TODAY?	27. WHO HAVE YOU BEEN DRINKING WITH?		28. WHERE WERE YOU DRINKING?
10. TIME YOU GOT OFF WORK?	29. TIME OF LAST DRINK?		30. DO YOU BELIEVE YOUR ABILITY TO DRIVE WAS AFFECTED BY YOUR ALCOHOL AND/OR DRUG USAGE?
11. HOURS OF SLEEP LAST NIGHT?	12. WERE YOU DRIVING THE VEHICLE? <input type="checkbox"/> YES <input type="checkbox"/> NO		

If drug use indicated, please contact WSP Communications or local DRE after breath test and continue with DUI process.

**PRE-ARREST OBSERVATIONS**

<u>1. ATTITUDE</u> <input type="checkbox"/> COOPERATIVE <input type="checkbox"/> MOOD SWINGS <input type="checkbox"/> ARGUMENTATIVE <input type="checkbox"/> CRYING <input type="checkbox"/> LAUGHING <input type="checkbox"/> OTHER:	<u>2. COORDINATION</u> <input type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR <input type="checkbox"/> FUMBLER FOR DRIVER'S LICENSE <input type="checkbox"/> OTHER:	<u>3. CLOTHES</u> <input type="checkbox"/> ORDERLY <input type="checkbox"/> SOILED – EXPLAIN <input type="checkbox"/> OTHER: EXPLAIN <input type="checkbox"/> SHOES (Describe)	<u>4. EYES</u> <input type="checkbox"/> NORMAL <input type="checkbox"/> WATERY <input type="checkbox"/> DROOPY <input type="checkbox"/> BLOODSHOT <input type="checkbox"/> PUPILS DILATED <input type="checkbox"/> PUPILS CONSTRICTED <input type="checkbox"/> OTHER:	<u>5. FACIAL COLOR</u> <input type="checkbox"/> NORMAL <input type="checkbox"/> FLUSHED <input type="checkbox"/> PALE <input type="checkbox"/> OTHER:	<u>6. ODOR OF INTOXICANTS ON BREATH</u> <input type="checkbox"/> NONE <input type="checkbox"/> FAINT <input type="checkbox"/> MEDIUM <input type="checkbox"/> STRONG <input type="checkbox"/> OBVIOUS <input type="checkbox"/> OTHER:	<u>7. SPEECH</u> <input type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> REPETITIVE <input type="checkbox"/> FAST <input type="checkbox"/> SLURRED <input type="checkbox"/> OTHER:
8. OFFICER'S OPINION (of subject's impairment due to use of alcohol/drugs)  <input type="checkbox"/> SLIGHT <input type="checkbox"/> OBVIOUS <input type="checkbox"/> EXTREME		9. SUBJECT'S NATIVE LANGUAGE  <input type="checkbox"/> ENGLISH <input type="checkbox"/> OTHER		9A. SUBJECT APPEARED TO UNDERSTAND INSTRUCTIONS  <input type="checkbox"/> YES <input type="checkbox"/> NO		
9B. INTERPRETER REQUESTED? EXPLAIN BELOW: <input type="checkbox"/> YES <input type="checkbox"/> NO TIME:				INTERPRETER PROVIDED		
10. PASSENGER(S) INFORMATION						

# WASHINGTON STATE DUI ARREST REPORT SOBRIETY TESTS

CASE / CITATION NUMBER

**SURFACE**  
☐ PAVED ☐ GRAVEL ☐ DIRT ☐ GRASS  
☐ OTHER

**GRADE**  
☐ LEVEL ☐ SLIGHT GRADE ☐ MODERATE GRADE  
☐ OTHER

**LIGHTING**  
☐ DAYLIGHT ☐ DARK ☐ STREET LIGHT  
☐ OTHER

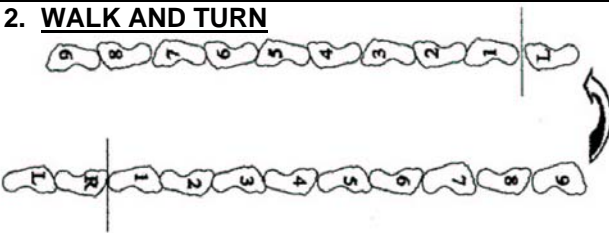
## 1. HORIZONTAL GAZE NYSTAGMUS (HGN)

☐ I have been trained in the administration of HGN testing and performed the test in accordance with this training.

<p><b>EQUAL TRACKING</b> <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p><b>EQUAL PUPILS</b> <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p><b>RESTING NYSTAGMUS</b> <input type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p>L R</p> <p><input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> <input type="checkbox"/></p>	<p>Lack of smooth pursuit</p> <p>Distinct and continuous nystagmus at max deviation</p> <p>Angle of onset prior to 45 degrees</p>	<p><b>VERTICAL NYSTAGMUS</b> <input type="checkbox"/> YES <input type="checkbox"/> NO</p>
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COMMENTS:

## 2. WALK AND TURN



☐ Cannot keep balance ☐ Starts too soon

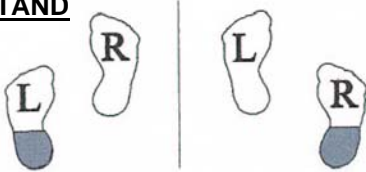
	1 <sup>st</sup> Nine Steps	2 <sup>nd</sup> Nine Steps
Stops Walking		
Miss Heel – Toe		
Steps off line		
Raises arms		
Actual # steps		

DESCRIBE TURN

CANNOT DO TEST (EXPLAIN)

COMMENTS:

## 3. ONE LEG STAND



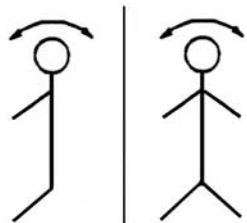
L	R	
		Sways while balancing
		Uses arms for balance
		Hopping
		Puts foot down

COMMENTS:

## SUPPLEMENTAL TESTS

**ABC'S** A B C D E F G H I J K L M N O P Q R S T U V W X Y Z

### BALANCE

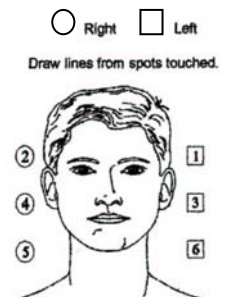


### NOTES

### FINGER DEXTERITY

### NOTES

### FINGER TO NOSE



WASHINGTON STATE  
**DUI ARREST REPORT**  
**NARRATIVE**

CASE / CITATION NUMBER

**Vehicle in Motion** (Initial Observation, Observation of Stop):

**Personal Contact** (Observation of driver, statements, pre-exit, sobriety tests, observation of the exit, odors, general observations such as speech, attitude, clothing, etc.)

**Pre-Arrest Screening** (Field Sobriety Tests):

**Administrative Process** (BAC and Disposition):

I certify (declare) under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct. (RCW 9A.72.085.)

OFFICER'S SIGNATURE

BADGE NUMBER

PRINTED NAME OF OFFICER

BADGE NUMBER

AGENCY

PLACE SIGNED (city / county / state)

DATE SIGNED

Take special note that the "Special Evidence Warning" as well as the "Implied consent for blood and voluntary blood/urine/breath" will no longer be part of this packet and are available as a stand-alone form. These forms will be available through your agency or the Washington State Patrol.

## DRIVER'S HEARING REQUEST

CASE / CITATION NUMBER

Pursuant to RCW 46.20.308, this serves as your notice of the Department of Licensing's intent to suspend, revoke or deny your license, permit, or privilege to drive. The hearing will be conducted according to Chapter 308-103 WAC.

You have the right to request a formal hearing to contest the suspension, revocation, or denial. Your request must be made within thirty (30) days after receipt of this notice, and may be made either online or in writing. A fee of \$100 must be paid as part of the hearing request unless you are determined to be indigent as defined in RCW 10.101.010. If your request is not made within thirty (30) days from receipt of this notice, or the \$100 fee or Application for Fee Waiver due to Indigence is not included, you will be deemed to have waived your right to a hearing.

**ONLINE REQUEST** – If you have a Washington driver's license and a valid MasterCard or Visa credit card, you may be able to apply for a hearing online. For more information about hearings, including the online hearing application, please visit the DOL website at <http://www.dol.wa.gov/ds/hrnginfo.htm>.

**WRITTEN REQUEST** – You may choose to request a hearing in writing. The request must be postmarked within thirty (30) days after receipt of this notice. When completed, mail request form and \$100 fee to:  
Department of Licensing, Hearings and Interviews, PO Box 9048, Olympia, WA 98507-9048

**INDIGENCY** – If applying for waiver of fee due to indigence, mail request form and fee waiver application to:  
Department of Licensing, Hearings and Interviews, PO Box 9031, Olympia, WA 98507-9031

Issues at a hearing are:

1. Whether you were under lawful arrest.
2. Whether an officer had reasonable grounds to believe you had been driving or in actual physical control of a motor vehicle within this state while under the influence of intoxicating liquor or any drug, or whether an officer had reasonable grounds to believe you had been driving or in actual physical control of a motor vehicle within this state while having alcohol in your system of 0.02 or more and were under the age of twenty-one.
3. Whether you were advised of your rights and warnings as required by RCW 46.20.308(2).
4. Whether you refused to submit to the test, or if the test was administered, whether the test indicated an alcohol concentration of 0.08 or more if you were age twenty-one or over, or 0.02 or more if you were under twenty-one.

ATTORNEY'S NAME (IF ANY) – DO NOT LIST PUBLIC DEFENDER		
ATTORNEY'S ADDRESS		
CITY	STATE	ZIP + 4
ATTORNEY'S PHONE NUMBER (Include Area Code)		
ATTORNEY'S FAX NUMBER (Include Area Code)		
ATTORNEY'S E-MAIL ADDRESS		
ARRESTING AGENCY		

YOUR SIGNATURE		
PRINT YOUR NAME		
YOUR MAILING ADDRESS		
YOUR CITY	STATE	ZIP + 4
YOUR DAYTIME PHONE NUMBER (Include Area Code)		
YOUR FAX NUMBER (Include Area Code)		
DATE OF BIRTH	DATE / TIME OF ARREST	COUNTY OF ARREST
DRIVER'S LICENSE NUMBER		STATE

YOU ARE HEREBY ADVISED that if parties or witnesses are hearing or speech impaired and/or non-English speaking, a qualified interpreter will be appointed at no cost to you. Complete the following information if you need an interpreter.

<input type="checkbox"/> I need an interpreter	<input type="checkbox"/> Hearing impaired
Primary Language:	Dialect:

### DETACH & CARRY WITH YOUR MARKED LICENSE

Any license in your possession, as marked by the arresting officer, is only valid for 60 days from the date of arrest or until the Department's action is upheld at a hearing, whichever occurs first. Any marked license is not valid to any greater degree than the license or permit it replaces.

Date of Arrest:



# APPLICATION FOR WAIVER OF HEARING FEE

If you have been charged with a crime arising out of your arrest for DUI, and have been denied a court-appointed attorney because you are not indigent, you are not eligible for waiver of the hearing fee. In such case, a check for \$100 must accompany your hearing request. If you have not been denied court-appointed counsel for this reason, mail this completed application to Department of Licensing, Hearings and Interviews, PO Box 9031, Olympia, WA 98507-9031. Applications for hearings must be made within 30 days of the date you received the notice of your right to a hearing.

NAME (Last, First, Middle Initial)		DRIVER'S LICENSE NUMBER		DATE OF ARREST
STREET ADDRESS				
CITY	STATE	ZIP CODE	DAYTIME (AREA CODE) PHONE NUMBER (      )	
CHECK ANY STATEMENT BELOW THAT IS TRUE:				
<input type="checkbox"/> The court has appointed a public defender to represent me on the charge arising out of the arrest for which I am requesting a Department of Licensing administrative hearing. <i>A copy of court appointment is attached.</i>				
<input type="checkbox"/> I am currently involuntarily committed to a public mental health facility. <i>Order is attached.</i>				
<input type="checkbox"/> I am receiving:				
<input type="checkbox"/> temporary assistance for needy families <input type="checkbox"/> refugee resettlement benefits				
<input type="checkbox"/> general assistance <input type="checkbox"/> medicaid				
<input type="checkbox"/> poverty-related veteran's benefits <input type="checkbox"/> supplemental security income				
<input type="checkbox"/> food stamps				
<i>Documentation of the receipt of benefits is attached.</i>				
<b>If any of the above statements are true, complete the Affidavit below and submit with your hearing request.</b>				
<b>If none of the above are true, continue and complete the following:</b>				
ELIGIBILITY INFORMATION				
Total number of persons in your household (include self) . . . . . _____				
If under age 21, does applicant live with parents? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No				
<i>If "Yes," state name of parent(s) with whom juvenile resides and answer questions below for parent(s).</i>				
_____				
Monthly Income				
Self and spouse's monthly take-home pay . . . . . \$ _____				
Contribution for any family member or other person with whom applicant lives,				
and who is helping to defray applicant's basic living costs . . . . . \$ _____				
Interest, dividends, or other income (specify) . . . . . \$ _____				
Pensions, annuities, social security and/or public assistance (specify) . . . . . \$ _____				
Monthly Expenses				
Basic living costs (average monthly amount spent by applicant for				
shelter, food, utilities, health care, transportation, clothing, loan payments,				
support payments and court-imposed obligations) . . . . . \$ _____				
Other unusual expenses, including bail obligations (specify) . . . . . \$ _____				
Liquid Assets				
Cash, savings, bank accounts, including joint accounts . . . . . \$ _____				
Stocks, bonds, certificates of deposit . . . . . \$ _____				
Equity in real estate . . . . . \$ _____				
Equity in motor vehicle necessary to maintain employment . . . . . \$ _____				
Equity in additional motor vehicles . . . . . \$ _____				

**AFFIDAVIT:** I declare under penalty of perjury under the laws of the State of Washington that the information provided on this application is true and correct and that I have not been denied a court-appointed attorney for financial reasons. I authorize the Department of Licensing to verify all information provided here, which may include a credit report.

**X** \_\_\_\_\_  
SIGNATURE DATE SIGNED

\_\_\_\_\_ PLACE SIGNED

The Department of Licensing has a policy of providing equal access to its services. If you need special accommodation, call (360) 902-3900 or TTY (360) 664-0116. HRNG-525-001 APP FOR WAIVER OF HEARING FEE (R/4/03)OR/W Page 2 of 2

<b>FOR DEPARTMENT USE ONLY</b>	
<input type="checkbox"/> Approved	<input type="checkbox"/> Denied By _____